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[CLICK HERE FOR CEO's REPORT DATED SEPTEMBER 2, 2009](#)

[CLICK HERE FOR CEO's REPORT DATED SEPTEMBER 15, 2009](#)



County of Los Angeles  
**CHIEF EXECUTIVE OFFICE**

Kenneth Hahn Hall of Administration  
500 West Temple Street, Room 713, Los Angeles, California 90012  
(213) 974-1101  
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA  
Chief Executive Officer

September 2, 2009

Board of Supervisors  
GLORIA MOLINA  
First District

MARK RIDLEY-THOMAS  
Second District

ZEV YAROSLAVSKY  
Third District

DON KNABE  
Fourth District

MICHAEL D. ANTONOVICH  
Fifth District

To: Supervisor Don Knabe, Chairman  
Supervisor Gloria Molina  
Supervisor Mark Ridley-Thomas  
Supervisor Zev Yaroslavsky  
Supervisor Michael D. Antonovich

From: William T Fujioka  
Chief Executive Officer

**REQUEST FOR EXTENSION OF REPORT BACK (ITEM NO. 2, AGENDA OF AUGUST 4, 2009)**

On August 4, 2009, your Board directed the Chief Executive Office (CEO), Departments of Children and Family Services, Health Services and Mental Health to take numerous actions aimed at increasing child safety and strengthening oversight of the case review process, and to report back on the feasibility of these actions, including expansion of the Medical Hubs, use of Katie A. funding for non-detained children, enhancement of computerized management oversight, and improved management review of casework. A 30-day written status report on the preliminary work on these actions was ordered on all items, with an oral report due specific to the Medical Hubs.

During the month of August, CEO convened a workgroup consisting of the named Departments for the purpose of carrying out the Board's directives. While we will meet the deadline of providing the written report to your Board by September 8, 2009, we respectfully request an extension of the oral presentation to September 29, 2009. This request for postponement of the oral report is due to the complexity of the issues involved. In addition, it provides time for Board Offices to review the information provided in the written report before the oral presentation.

If you have any questions regarding this request for an extension of the oral presentation date, please contact Jacqueline White, Deputy Chief Executive Officer at (213) 974-4530

WTF:JW:ljp

c: Department of Children and Family Services  
Department of Health Services  
Mental Health Department

extension.bm

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From: William T Fujioka  
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## RESPONSE TO THE AUGUST 4, 2009 BOARD MOTION – CHILD SAFETY

On August 4, 2009, on motion of Supervisor Molina as amended by Supervisors Antonovich, Ridley-Thomas and Yaroslavsky, your Board directed the Director of Children and Family Services (DCFS) to: 1) enhance the Department's computerized management oversight to ensure that all visits are completed, that case notes are reflective of the services provided and that all levels of management, including Children's Social Worker, Supervising Social Worker, Assistant Regional Administrator, and Regional Administrator, review referrals, confirm that visits have been completed, and review the quality of the services being provided to a family; 2) ensure Management has reviewed all the documents and case narratives on doctors' visits, collateral contacts, mental health evaluations, etc., prior to approving the disposition of the computer record. Furthermore, all "unfounded" referrals must be reviewed by the Supervising Social Worker and the Assistant Regional Administrator with the final accountability resting with the Regional Administrator. Additional triggers that will require the evaluation under the direction of the Office of the DCFS Medical Director to include any medical or mental health concerns of the children or caregivers that could have a negative impact on the child and/or when the safety plan includes elderly caregivers; and 3) consider a pilot to be implemented at the LAC+USC East San Gabriel Valley Satellite Medical Hub (MacLaren) where families' health and mental health care can be tracked in a coordinated manner. Such coordination would enable the DCFS to rely upon internal, trusted County departments that possess the extensive experience in child abuse and neglect not always present amongst private healthcare providers.

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In addition, your Board directed the Chief Executive Officer (CEO), in conjunction with the Directors of DCFS and the Department of Mental Health (DMH), and the Interim Director of Health Services (DHS) to report back in 30 days on the following: 1) whether an expansion of Medical Hub capacity countywide to accommodate the assessment of the specific non-detained children meets the criteria for Katie A. funding. If so, the development of policies, procedures and standardized criteria to identify the non-detained children, including those in the early child abuse investigation stage, who should receive forensic medical and mental health assessments through Medical Hubs; and the development of a protocol and process by which County-contracted health clinics can refer requests for forensic child abuse examinations to the Medical Hubs; 2) the feasibility of the implementation of the recommended actions; 3) establish a Memorandum of Understanding (MOU) with all agencies involved in monitoring DCFS cases to implement a coordinated approach in order to have a consistent method of handling these types of cases; and serve as the lead agency to coordinate and oversee these efforts; and 4) for the purpose of building on the confidential July 24, 2009 report, to take into consideration all the motions that have been introduced by the Board to date and create a working group that would minimally include DCFS, as well as the deputies from the respective Board offices; and report to the Board with a status of the preliminary work within 30 days.

### **Computerized Oversight and Review of Referral Disposition**

As part of its safety enhancement plan, DCFS is taking a number of steps to improve its computerized oversight of casework performed by social workers. Managers may currently monitor social worker activities, such as home visits, by reviewing the electronic case records on the Child Welfare Services/Case Management System (CWS/CMS), as social workers are required to document their client contacts on this system. Supervising Children's Social Workers review these notes to confirm the completeness of record keeping and to gauge the quality of contacts and home visits. To further enhance management accountability, DCFS will be updating several computer systems, like SafeMeasures, which links to CWS/CMS and provides social worker activity reports that will be used for supervisory and managerial oversight. Pending development and implementation of automated capability for managers to review and approve social worker and supervisor decisions involving safety threats, managers have been manually reviewing unfounded referrals. The enhanced automated reports will allow managers to focus their time and attention on areas that have been identified as being the most critical in identifying and addressing safety issues to children. These include additional scrutiny for children under age five, collateral contacts, prior referrals, recent allegations, and any prior history related to a child fatality or critical incident. For example, a new SafeMeasures report is being implemented which will show all collateral contacts (e.g., contacts with teachers,

neighbors, physicians, and others who know the family and could provide important information regarding child safety) made during a child abuse referral investigation. The following email alerts are planned and implementation will follow technical development and necessary discussions with labor unions.

- An alert will be issued to the Emergency Response Supervising Children's Social Worker, and to the Emergency Response Assistant Regional Administrator when there are three or more referrals on a family. When a new referral is not promoted to a case, prior to any closure of the referral, the Emergency Response Supervising Children's Social Worker will need to submit the referral to the Assistant Regional Administrator for closure approval.
- An alert will be issued to the Emergency Response Assistant Regional Administrator when there are two or more referrals on the same family within 12 months. If the second referral is not promoted to a case, prior to any closure of the referral, the Emergency Response Supervising Children's Social Worker will need to submit the referral to the Assistant Regional Administrator for closure approval.
- An alert will be issued to both the Assistant Regional Administrator and the Regional Administrator when a family has a prior history of a child fatality or critical incident. If the referral is not promoted to a case, prior to any closure of the referral, the Emergency Response Supervising Children's Social Worker will need to submit the referral to the Emergency Response Assistant Regional Administrator and the Regional Administrator for closure approval.
- An alert will be issued to the Emergency Response Supervising Children's Social Worker and to the Emergency Response Assistant Regional Administrator when there is no contact entered on a referral within 15 days of referral start date.
- An alert will be issued to the Emergency Response Supervising Children's Social Worker and to the Emergency Response Assistant Regional Administrator when a referral with no prior history with any substantiated allegation, with high or very high risk levels, is not promoted to a case. The Emergency Response Supervising Children's Social Worker will need to submit the referral to the Emergency Response Assistant Regional Administrator and the Regional Administrator for closure approval.

### **The Family and Children's Index**

The Family and Children's Index (FCI) is a computer application that allows the seven participating County departments to share information on client contact. DCFS is working with the CEO and participating departments to expand and enhance the use of FCI. As the inclusion criteria for each department is expanded, DCFS expects to receive more matches per inquiry. This provides a higher likelihood that DCFS Emergency Response investigators will be aware of contacts referred parents or children have had with participating departments. Currently, the Department is meeting bi-monthly with the CEO and other County departments to plan enhancements for FCI.

### **Triage Children's Social Worker and Review of Unfounded Allegations**

To further enhance the quality of investigations for families with prior referral history, DCFS is developing the position of Triage Children's Social Workers. The Triage worker will examine the prior history of the family and provide information to the investigating social worker, Supervising Children's Social Worker and the Assistant Regional Administrator. They will conduct an extensive review of the findings of current and previous referrals and determine if there are safety concerns or potential risk factors. There will be one Triage worker designated per office.

### **Triggers for Medical and Mental Health Evaluation**

Current DCFS policy includes a multitude of health and mental health triggers requiring the review and involvement on a referral or case by the Office of Medical Director (OMD) staff. A hospitalized child, any allegation of severe neglect, or a court order for the administration of psychotropic medication are examples of triggers that prompt an evaluation by OMD's Public Health Nurse, a specialized foster care D-rate evaluator, the Multi-Disciplinary Team Coordinator, or a Service Linkage Specialist. Although current policy appears comprehensive, additional considerations have been made to close all potential gaps in service delivery, such as a current review of DCFS Public Health Nurse responsibilities and further expansion of the use of consultation with mental health professionals co-located in DCFS offices.

### **East San Gabriel Valley Medical Hub Pilot**

Working together, the CEO, DCFS, and the Departments of Health Services (DHS) and Mental Health (DMH), are developing a comprehensive pilot program proposal for the Medical Hubs which could serve children in both the early child abuse investigation stage and non-detained children being served by DCFS. As part of the proposal, the program would include a consultation protocol and 24-hour warm line, whereby social

workers could contact Hub personnel, receive answers to questions regarding a child's health and help determine whether a child should be examined at the Hub. The Hub would also be able to provide certain mental health services through an adjunct private Community Mental Health Center contracted through DMH. With the goal of tracking services to children, members of the Hub's multidisciplinary team would have access to the various databases of the participating Departments. However, the most significant barrier to implementation is identifying sufficient funding for the costs of the pilot program. While the Departments are continuing to review their projected cost estimates, the DCFS staffing costs and for the pilot are approximately \$1.6 million and DHS estimates approximately \$9.3 million for the additional Medical Hub visits. An additional barrier would be regulations preventing the full exchange of information contained in health and mental health records. The laws implemented through the Health Information Portability and Accountability Act requires an individual's consent before the sharing of the individual's (i.e., non-DCFS involved children) health and mental health records. We will continue to work to address barriers impeding the sharing of important child safety-related information. Project scope and related funding options will be explored, as necessary, for future Board consideration.

#### **Serving Pre-Detained Children at Medical Hubs**

A thorough review by the CEO, DCFS and DMH on the availability of Katie A. funding to cover services for children still under investigation, who we are calling pre-detained, has determined this population does not meet criteria for Katie A. funding. The Katie A. class members, per agreement with County Counsel and the Katie A. plaintiff's attorneys, include children for whom DCFS has formally opened a case, who are eligible for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and whose service needs meet the medical necessity requirement under EPSDT. That is, non-detained children who have an open case could qualify, but a child still in the investigation phase, or pre-detained, would not. Therefore, additional County funding would be required for Medical Hub assessments and mental health screenings for these children. It is also expected these services would not be EPSDT eligible. Further, forensic assessments may not be part of the County's Katie A. Settlement Agreement.

#### **Working Group and MOU**

On August 27, 2009, the CEO convened a working group consisting of Board Deputies, CEO, DCFS and DMH to: 1) review the various motions that have been introduced, beginning with the Board's April 21, 2009 action and related reports to address improvements to child safety; 2) initiate dialogue regarding various strategies for a proposed Safety Enhancement Plan; and 3) begin discussions on the next steps for establishing a MOU designed to more effectively and consistently monitor DCFS cases.

A matrix of your Board's actions was developed to guide the working group through the review process. In addition, DCFS presented several strategies being initiated for improving child safety including:

- Development of an Emergency Response (ER) Training Academy to strengthen ER practices and policy compliance to set clear expectations for CSWs;
- Expansion of the Quality Improvement Section to include Peer Quality Case reviews, ER Referral audits, and development of a Qualitative Service Review process;
- Joint Response with Law Enforcement;
- Family and Children's Index and SafeMeasures computer enhancements;
- Cognos Report Development;
- Increased Management Oversight/Accountability;
- Medical Hub Expansion;
- Relationships with Court;
- Points of Engagement/Team Decision-Making Meetings; and
- Physical and Mental Health Consultations.

In addition, the working group is reviewing current MOUs to determine the existing scope of services being provided to DCFS for the case review and services. Presently, DCFS has agreements with several County departments and law enforcement agencies for the provision of various child welfare and safety related services. They include: 1) DMH to provide mental health assessment/treatment services as required under the Katie A. Settlement Agreement; 2) DHS for the operation and staffing of the County's medical hubs; 3) Department of Public Health (DPH) for Public Health Nursing consultation services for children already in the County's care; 4) Probation for Title IV-E Waiver funding and activities; and 5) Sheriff's Department and other law enforcement agencies for the co-location of Children's Social Workers at various police stations throughout the County to provide emergency response coordination and services.



Each Supervisor  
September 15, 2009  
Page 7

Although there are various MOUs currently in place, the following tasks still need to be completed in order to develop a comprehensive MOU which will ensure a coordinated approach and consistent method of handling DCFS cases:

- By October 30, 2009, complete the review of existing DCFS' MOUs to determine where changes, additions or augmentations may be necessary;
- By December 31, 2009, rewrite the MOUs, as necessary, to incorporate additional provisions needed to implement the Safety Enhancement Plan; and
- By March 15, 2010, execute the amended MOUs.

To achieve these tasks and ensure the prescribed timelines are met, the working group to include Board Deputies, CEO, DCFS, DHS, DMH, Probation and Sheriff will meet starting in October 2009. An MOU Review sub-committee, consisting of representatives from each County department that has an MOU with DCFS, will be created after the first group meeting. The sub-committee shall report back to the working group on the status of their review and provide recommended changes as appropriate for stakeholder consideration.

As a result, we will need an additional 150 working days to complete our review, amend and implement a comprehensive MOU(s) to provide a consistent methodology for handling DCFS cases.

Please let me know if you have any questions, or your staff may contact Trish Ploehn at (213) 351-5506.

WTF:SRH:JW  
BAM:ljp

c: Executive Officer, Board of Supervisors  
Director, Department of Children and Family Services  
Director, Department of Health Services  
Director, Department of Mental Health  
Director, Department of Public Health  
Probation Department  
Sheriff's Department